| · / | | PTO/SB/30 |
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| m 37. | U.S. Patent and Trademark | for use through 10/31/2002. OMB 06: Office; U.S. DEPARTMENT OF COM |
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| REQUEST | Application Number | 09/912,558-Conf. #5990 |
| FOR | Filing Date | July 26, 2001 |
| CONTINUED EXAMINATION (RCE) | First Named Inventor | Husam N. Al-Shareef |
| TRANSMITTAL | Group Art Unit | 2813 |
| Address to: Commissioner for Patents | Examiner Name | E. Kielin |
| Box RCE Washington, DC 20231 | Attorney Docket No. | M4065.0319/P3/19-A |
| This is a Request for Continued Examination (RCE) und | | |
| Request for Continued Examination (RCE) practice under 37 CFR 8, 1995, or to any design application. See Instruction Sheet for RC | 1.114 does not apply to any ut Es (not to be submitted to the | USPTO) on page 2. |
| Submission required under 37 CFR 1.114 | | |
| a. x Previously submitted | | |
| i x Consider the amendment(s)/reply under 3 | 37 CFR 1.116 previously fi | led on August 8, 2002 |
| ii. (Any unentered amendment(s) referred to above will be | · | filed on |
| iii. Other | | |
| b. Enclosed | | **** |
| i. Amendment/Reply | | |
| | | |
| ii. Affidavit(s)/Declaration(s) | | |
| iii. Information Disclosure Statement (IDS) |) | |
| iv. Other | | |
| 2. Miscellaneous | | |
| a. Suspension of action on the above-identifie | | |
| | suspension shall not exceed 3 mol | nths; Fee under 37 CFR 1.17(i) required) |
| b. Other | I 4 444 when the DCE in filed | |
| 3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFF | | add and a company and to |
| a. The Director is hereby authorized to charge Deposit Account No. | e the following fees, or cr | edit any overpayments, to |
| i. x RCE fee required under 37 CFR 1.17(6 | <u></u> | |
| | | |
| ii. x Extension of time fee (37 CFR 1.136 and 1. | 17) | |
| iii. Other | | |
| b. Check in the amount of \$ | enclosed | |
| c. x Payment by credit card (Form PTO-2038 enclos | ed) | |
| SIGNATURE OF APPLICANT, | | |
| Name (Print/Type) Thomas J. D/Amico | Registration No. (Attorne | |
| Signature 199 | Date | August 29, 2002 |

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